



Editorial

Sexism in medicine, circa 2016–2017^{☆,☆☆}

Several weeks ago, I received an email from my son, who is a healthcare attorney for the Air Force. He alerted me to an article about sexism in medicine that was published in the Washington Post (Herbst, 2016). My son's wife is a physician who graduated from medical school approximately 5 years ago. When he initially shared the article with her, her response was "I never experienced anything like that." He then recounted for her some of the incidents she had faced and shared with him, to which she responded, "Oh yeah, I guess you're right."

The article in the Washington Post was penned by Dr. Allyson Herbst, a resident physician in internal medicine at Emory University. She shared her experiences as a third-year medical student during her clinical rotations in New York. She recalled the "bro talk" in the operating rooms, with specific comments including "splay it open like a Russian whore" in reference to an exposed hepatoduodenal ligament and personal comments made directly to her, such as, "You're not wearing make-up today. Maybe you should rethink that."

The article went on to discuss that, despite there being more women in medicine than ever before, female physicians have a higher rate of depression than women with doctorate degrees in other fields. Additionally, in the general population, men commit suicide four times more frequently than women, but female physicians commit suicide at the same rate as male physicians.

Dr. Herbst recounted her surprise when she learned that, according to the American Medical Association, only 12% of internal medicine, 1% of surgical, and 22% of obstetrics and gynecology department chairs are women despite the fact that 83% of obstetrics and gynecology residents are women. She concluded her commentary with a discussion of the discrepancy in pay, with female physicians in academic settings making 10% to 20% less than their male peers.

When I attended medical school in the early 1970s, male chauvinism was rampant. It was widespread during my residency and even my fellowship years (Grant-Kels, 2016a, 2016b). Although I am confident that other female physicians in my age cohort all have similar war stories, there is one in particular that I would like to share. Months after giving birth to my first child, a stillborn son, I became pregnant again. In my seventh month, I visited my future fellowship director to inform him that I would arrive in my ninth month but did not plan to take time off other than my allotted vacation time. Despite him knowing my history, he became quite angry. His words still echo in my memory: "How dare you get pregnant on me! Women in academics who have children are of no use to me."

But that was four decades ago! I honestly thought that things had changed. A recent ethics article in the *Journal of the American Academy of Dermatology* discussed the ongoing prejudice against residency and fellowship applicants who are pregnant (Smith and Lipoff, 2016). Female physician war stories about being referred to as "girls," assumed to be nurses by patients and staff, or threatened with a poor evaluation by a senior male colleague if they did not agree to a date or more explicit sexual favors unfortunately do not seem to be only vestiges of the past.

Meanwhile, female physicians persevere and do an excellent job. The Harvard School of Public Health recently demonstrated that patients with Medicare healthcare coverage who are treated by female versus male physicians have a lower mortality rate and are less likely to be readmitted for additional treatment (Tsugawa et al., 2016). The authors of this study estimated that approximately 32,000 fewer patient deaths would occur if male physicians achieved the same outcomes as female physicians. Female physicians were more patient-centered, encouraging, and reassuring; communicated better; and spent more time with their patients compared with their male colleagues. Additionally, the authors reaffirmed the fact that female doctors were paid significantly less than their male counterparts, with an average annual pay of \$163,000 for female physicians versus \$250,000 for male physicians (Tsugawa et al., 2016).

Australia recently acknowledged this issue and has taken steps to address sexual harassment of female physicians (Coopes, 2016; Godlee, 2016). Mandatory awareness training on discrimination, bullying, and sexual harassment have been initiated to correct this inappropriate behavior and culture of fear. At my university, we have been required to take these kinds of courses for years. Does this kind of education rectify these deep-seated sexist attitudes? I fear not. Women are so accustomed to being treated in this manner that they often no longer hear or remember it. My own daughter-in-law did not recall the sexist treatment she endured until she was reminded by my son, who witnessed the damage done to his wife. Women must not forget and tolerate these attitudes any longer. As more women become senior leaders in the field of medicine, we must remain vigilant against sexism and ensure that, similar to hateful attitudes such as racism, sexism is forever eradicated.

Jane M. Grant-Kels MD

Department of Dermatology, University of Connecticut, Farmington, CT

Corresponding Author

E-mail address: grant@uchc.edu

[☆] Conflicts of interest: None.

^{☆☆} Funding sources: None.

References

- Coopes A. Operate with respect: How Australia is confronting sexual harassment of trainees. *BMJ* 2016;354:i4210.
- Godlee F. No room for sexism. *BMJ* 2016;354:i4720.
- Grant-Kels JM. Women's issues in the 2016 presidential election: Impact on women in medicine. *Int J Womens Dermatol* 2016;2:43.
- Grant-Kels JM. Reply to: "'Pretend you didn't hear that'—managing ethical dilemmas from the bottom of a medical hierarchy.' Attitude toward pregnancy and motherhood in our dermatology workplace. *J Am Acad Dermatol* 2016; 74:e79.
- Herbst A. This is the kind of sexism women who want to be doctors deal with in med school [Internet]. 2016 [cited 2017 January 18]. Available from: https://www.washingtonpost.com/posteverything/wp/2016/10/04/this-is-the-kind-of-sexism-women-who-want-to-be-doctors-deal-with-in-med-school/?utm_term=.be6a2fe57465.
- Smith RJ, Lipoff JB. "Pretend you didn't hear that"—managing ethical dilemmas from the bottom of a medical hierarchy. *J Am Acad Dermatol* 2016;74:766–8.
- Tsugawa Y, Jena AB, Figueroa JF, Orav EJ, Blumenthal DM, Jha AK. Comparison of hospital mortality and readmission rates for Medicare patients treated by male vs female physicians [e-pub ahead of print]. *JAMA Intern Med*. <http://dx.doi.org/10.1001/jamainternmed.2016.7875>, accessed December 23, 2016.